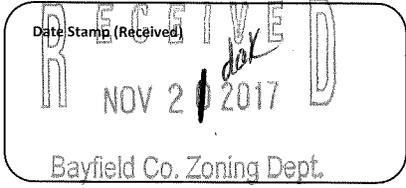


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN



Permit #:	17-0480
Date:	12-22-17
Amount Paid:	\$165 11-22-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
 Checks are made payable to: Bayfield County Zoning Department.
 DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER									
Owner's Name: Norvado Inc			Mailing Address: 43705 us 63			City/State/Zip: Cable WI 54821		Telephone: 715-798-7123	
Address of Property: Forest Road 419			City/State/Zip: Mason WI 54856			Cell Phone:			
Contractor: TBD			Contractor Phone: TBD		Plumber: MA		Plumber Phone: MA		
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Pat Conner			Agent Phone: 6124603629		Agent Mailing Address (include City/State/Zip): 2616 Farwell Ave Mpls. MN 55411		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
PROJECT LOCATION	Legal Description: (Use Tax Statement)			Tax ID# (4-5 digits)		Recorded Deed (i.e. # assigned by Register of Deeds) Document #:			
SW 1/4, NW 1/4				22698 / 37609		2017R-209452			
Section 23	Township 47	N, Range 7	W	Town of Keystone		Lot Size		Acreage 34.45	

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ 25000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> UNMAN	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> UN
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet		
	<input checked="" type="checkbox"/> Comm facility TMO installed on tower					<input checked="" type="checkbox"/> None

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(X)	
	<input type="checkbox"/> with Loft	(X)	
	<input type="checkbox"/> with a Porch	(X)	
	<input type="checkbox"/> with (2 nd) Porch	(X)	
	<input type="checkbox"/> with a Deck	(X)	
<input checked="" type="checkbox"/> Commercial Use	<input type="checkbox"/> with (2 nd) Deck	(X)	
	<input type="checkbox"/> with Attached Garage	(X)	
	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/> Mobile Home (manufactured date) _____	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/> Accessory Building (specify) _____	(X)	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/> Special Use: (explain) _____	(X)	
	<input type="checkbox"/> Conditional Use: (explain) _____	(X)	
	<input checked="" type="checkbox"/> Other: (explain) Communication Antenna 75' pond adjacent	8 X 10	80 sq'

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date _____
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date **11.17.2017**
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit **2616 Farwell Avenue, Minneapolis MN 5544**
 Attach Copy of Tax Statement If you recently purchased the property send your Recorded Deed

How: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (*): **(* Driveway and (* Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(* Well (W); (* Septic Tank (ST); (* Drain Field (DF); (* Holding Tank (HT) and/or (* Privy (P)**
- (6) Show any (*): **(* Lake; (* River; (* Stream/Creek; or (* Pond**
- (7) Show any (*): **(* Wetlands; or (* Slopes over 20%**

See attached Survey
3
Dwgs.

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	7450' Feet	Setback from the Lake (ordinary high-water mark)	0 Feet
Setback from the Established Right-of-Way	7450' Feet	Setback from the River, Stream, Creek	0 Feet
		Setback from the Bank or Bluff	0 Feet
Setback from the North Lot Line	445.6' Feet		
Setback from the South Lot Line	289.7' Feet	Setback from Wetland	0 Feet
Setback from the West Lot Line	191.1' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	1128.9' Feet	Elevation of Floodplain	0 Feet
Setback to Septic Tank or Holding Tank	0 Feet	Setback to Well	0 Feet
Setback to Drain Field	0 Feet		
Setback to Privy (Portable, Composting)	0 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

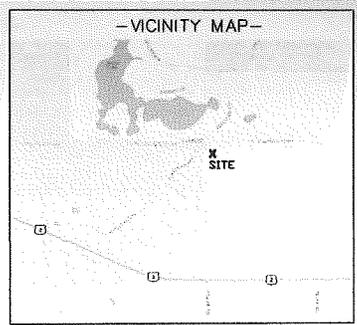
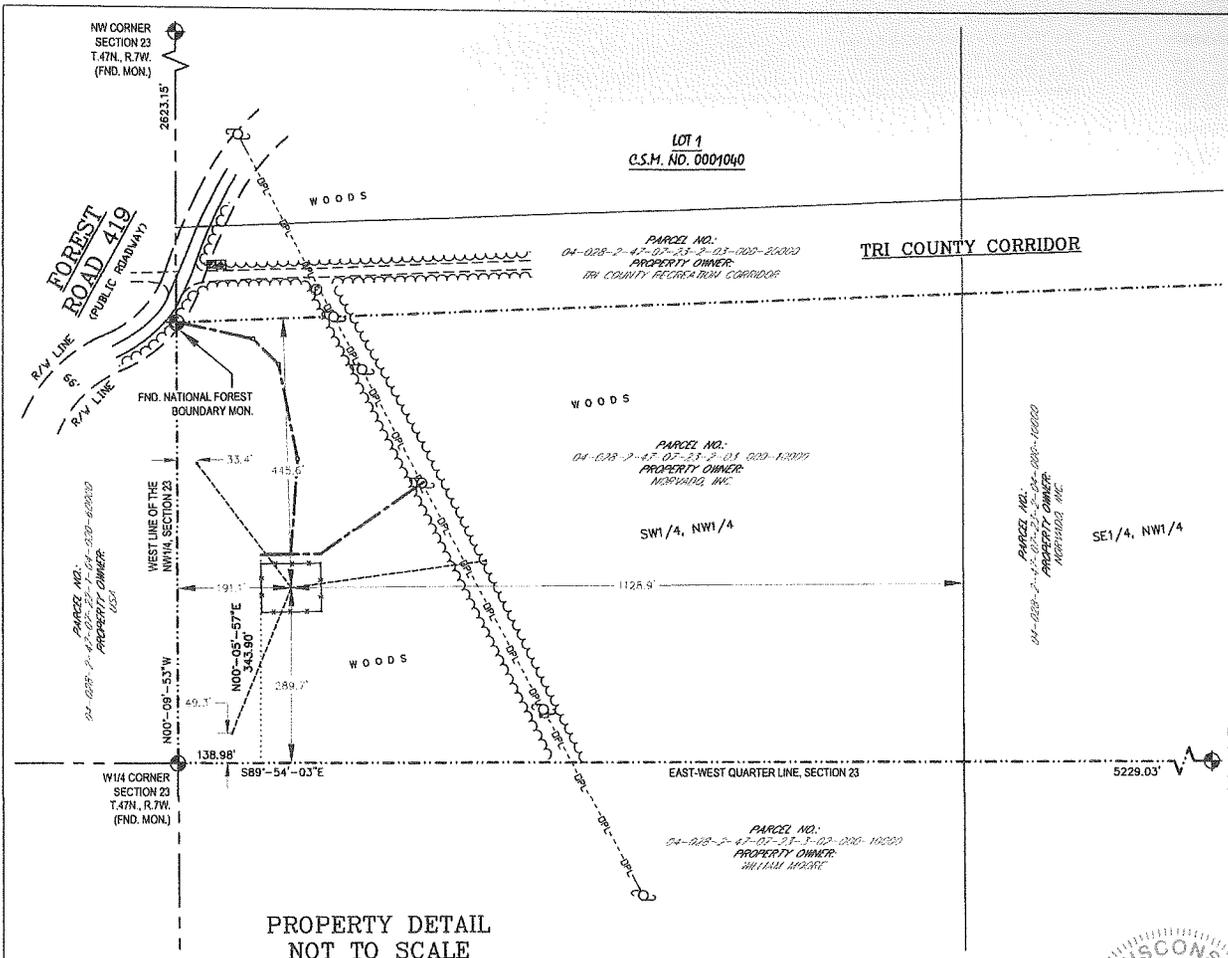
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>N/A</u>	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: <u>17-0480</u>		Permit Date: <u>12-22-17</u>		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: <u>per Rob Scherman, new cell tower approved</u>			Zoning District	<u>(F-1)</u>
Date of Inspection: <u>12-20-17</u>			Lakes Classification	<u>N/A</u>
Inspected by: <u>J. Scherman</u>			Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)				
<u>none</u>				
Signature of Inspector:				Date of Approval:
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	



PROPOSED TOWER BASE
 LATITUDE: 46°-32'-20.62"
 LONGITUDE: 91°-13'-10.04"
 (Per North American Datum of 83/2011)
 Ground Elevation: 1198.6'
 (Per North American Vertical Datum of 1988)

- LEGEND-**
- = 1" x 18" IRON PIPE SET
 - = 6" NAIL SET
 - ⊕ = COUNTY MONUMENT FOUND
 - ⊙ = EXISTING POWER POLE
 - ⊞ = TELEPHONE PEDESTAL
 - ⊠ = FIBER OPTIC VAULT
 - ⊕ = FIBER OPTIC POST
 - = OVERHEAD ELECTRIC
 - - - = BURIED FIBER OPTIC LINE
 - - - = PROPERTY LINE
 - ⊕ = EXISTING TREE

E1/4 CORNER SECTION 23 T.47N., R.7W. (FND. 1-1/2" GEAR SPIKE)

CALL DIGGERS HOTLINE TOLL FREE 1-800-242-8511 OPERATES 24 HOURS A DAY 365 DAYS A YEAR

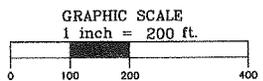
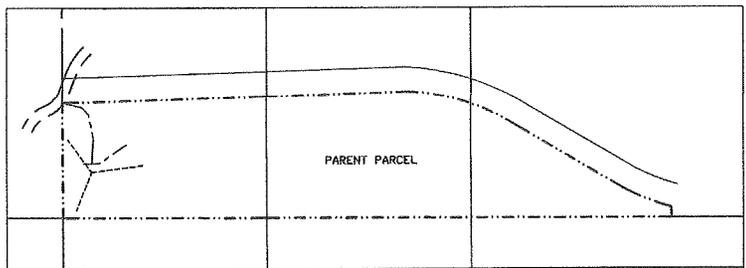
WARNING
 CALL BEFORE YOU DIG
 48 HOURS BEFORE YOU DIG

BEARINGS REFERENCED TO THE BAYFIELD COUNTY COORDINATE SYSTEM AND THE EAST-WEST QUARTER LINE, SECTION 23, T.47N., R.7W., WHICH BEARS 309°-54'-03"E



SURVEYOR'S CERTIFICATE
 I, Craig A. Keach, Professional Land Surveyor of Meridian Surveying, LLC, certify that I have surveyed the described property and that the map shown is a true and accurate representation thereof to the best of my knowledge and belief.

Dated this 9th day of August, 2017.
 Craig A. Keach
 WISCONSIN PROFESSIONAL LAND SURVEYOR
 Craig A. Keach, #2333



SURVEYED FOR:
Edge
 Consulting Engineers, Inc.
 624 Water Street
 Prairie du Sac, WI 53578
 608.644.1449 voice
 608.644.1549 fax
 www.edgeconsult.com

SURVEYED FOR:
Norvado
 43705 U.S.H. "63"
 CABLE, WI 54821

MERIDIAN
SURVEYING, LLC
 NB774 Firalona 1 Office: 920-993-0881
 Menasha, WI 54952 Fax: 920-273-6037

SITE NAME:
 KEYSTONE TOWER

SITE ADDRESS:
 FOREST RD. 419
 MASON, WI 54856

PROPERTY OWNER:
 NORVADO, INC.
 43705 U.S.H. "63"
 CABLE, WI 54821

PARCEL NO.:
 04-028-2-47-07-23-2-03-000-10000

TAX ID: 22198

ZONED: G6-PRODUCTIVE FOREST

DEED: DOCUMENT NO. 2017R-568452

LEASE EXHIBIT FOR NORVADO
 BEING A PART OF THE SW1/4 OF THE NW1/4, SECTION 23, T.47N., R.7W., TOWN OF KEYSTONE, BAYFIELD COUNTY, WISCONSIN

NO.	DATE	DESCRIPTION	BY
3	8/9/17	Revised Guy Anchors	J.B.
2	6/15/17	Added Lease and Easement	J.D.
1	6/6/17	Preliminary Survey	J.B.

DRAWN BY: J.B. **FIELD WORK DATE:** 6-1-17

CHECKED BY: C.A.K. **FIELD BOOK:** M-42, PG. B

JOB NO.: 9497 **SHEET** 1 **OF** 3

City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY – None
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

COPY

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0480** Issued To: **Norvado Inc / Pat Conlin, Agent**

Par in SW NE; SW NW &

Location: **SE** ¼ of **NW** ¼ Section **23** Township **47** N. Range **7** W. Town of **Keystone**

Gov't Lot	Lot	Block	Subdivision	CSM#

For: **Commercial Principal Addition: [Antenna (8' x 10') = 80 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s):

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

December 22, 2017

Date